

**NATIONAL POLICE CHALLENGE
50-KILOMETER RELAY
MAY 16, 2003
WASHINGTON, D.C.
APPLICATION**

TEAM NAME: _____

DEPARTMENT/AGENCY: _____

OFFICE/DIVISION/STATION: _____

Number of personnel in Office/Division/Station: _____

RACE CATEGORY: (SELECT ONE)

- ☐ OPEN -- Runners are any age, any gender, and from any agency
☐ MIXED - Minimum 3 female runners on team
☐ WOMEN - all 10 runners are female
☐ 400 - Ages of runners totals 400 or more
☐ OPEN - SWORN - Runners are sworn peace officers from any agency
☐ 250 - SWORN - Runners are sworn peace officers from agencies w/less than 250 sworn personnel.

TEAM CAPTAIN

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

FAX: _____

EMAIL: _____

Do you check email at least twice a week? ___Yes ___No

TEAM CO-CAPTAIN

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

(IF NOT SAME)

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

FAX: _____

EMAIL: _____

Do you check email at least twice a week? ___Yes ___No

24 HOUR EMERGENCY CONTACT NUMBER: (for use during race)

WATCH COMMANDER, DUTY DESK

NUMBER:

DISPATCH

(_____) _____ - _____

OTHER: _____

INCLUDE AREA CODE

REGISTRATION FEE = \$500.00

PLEASE ENCLOSE ONE CHECK OR MONEY ORDER IN THE AMOUNT OF \$500.00 PAYABLE TO: "NPC-50"
MAIL TO: USSS-ERA (NPC-50) P.O. BOX 710333; OAK HILL, VA 20171-0333

APPLICATION DEADLINE: APRIL 7, 2003

APPLICATIONS RECEIVED AFTER APRIL 7 - \$550 REGISTRATION FEE **NO EXCEPTIONS**

NPC-50 RUN PLAN

INITIAL DUE: April 21
FINAL DUE: May 9
 (*asterisk* all changes on final)
FAX TO:
703/904-8611

Team Name: _____

Department/Agency:

Team Captain:	Tel # () -
---------------	-----------------------

Team Co-Captain:	Tel # () -
------------------	---------------------

team #

Division: OPEN MIXED WOMEN 400* OPEN-SWORN 250-SWORN
 (circle one) (note DOB) →

LEG	NAME (last, first)	GENDER (M/F)	DOB* 400 Division only	RACE # (official use)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ALTERNATES:

NAME (last, first)	GENDER	DOB (400 Division only)	
1.			
2.			

Each team will receive 12 T-shirts, one for each runner and alternate. Please note number needed in each size.

_____	XXL
_____	XL
_____	L
_____	M
12 TOTAL	

Team Name:

**IF YOUR TEAM WILL RUN IN MEMORY OF A FALLEN OFFICER, PLEASE
NOTE THE OFFICER'S NAME AND DATE OF DEATH**

RUNNING IN MEMORY OF:

NAME: _____

TITLE: _____

DEPARTMENT: _____
(IF NOT THE SAME)

DATE OF DEATH: _____

RUNNING IN MEMORY OF:

NAME: _____

TITLE: _____

DEPARTMENT: _____
(IF NOT THE SAME)

DATE OF DEATH: _____

**SAMPLE
CONFIRMATION OF ASSIGNMENT**

(due April 21)

(AGENCY OR DEPARTMENT LETTERHEAD)

NPC-50 Race Committee
c/o U.S. Secret Service Employee Recreation Association
P.O. Box 710333
Oak Hill, VA 20171-0333

To Whom It May Concern:

The following twelve NPC-50 runners and alternates have been assigned to (division name) since February 15, 2003 and will remain so assigned through May 16, 2003:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Signed,

(Name)
(Title)

Due May 16

TEAM NAME:

AGENCY:

**WAIVER
NATIONAL POLICE CHALLENGE
50-KILOMETER RELAY**

I know that entering a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of the NPC-50 Race Officials relative to my ability to safely complete the run. I assume all risks associated with running in this event, including, but not limited to: falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the organizers of the National Police Challenge 50-Kilometer Relay, the U.S. Secret Service, the U.S.S.S. Employee Recreation Association, COPS and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

PRINTED NAME

SIGNATURE

DATE

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____